



# Midatech Direct Rx Form

**E-prescribe:** Linden Care Pharmacy 11797  
NPI# 1790960458 Phone: 516-422-8176  
NABP# 3357387 **Fax to: 516-308-4339**

## Prescriber

✓	Prescriber Name	Designation	NPI #

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Office Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ | Office Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 ➔ Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Patient

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Deliver to (select one):  Patient  Office

## Insurance

Primary Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Insurance Co. Phone # \_\_\_\_\_  
 Check if Medicare or Medicaid  
 Check if No Insurance  
**Attach Copy of Insurance Card (Front and Back)**  
 Co-Pay Assistance: \$0 co-pay will automatically be applied for commercially insured patients\*

## Patient Diagnosis

Primary Diagnosis (Required) \_\_\_\_\_ ICD-10 \_\_\_\_\_ Allergies \_\_\_\_\_  
 Stage \_\_\_\_\_ Other meds prescribed for same diagnosis \_\_\_\_\_

## Gelclair Rx

Check to Prescribe

**Gelclair® - Dispense:** Gelclair 90 packets (30-day supply). **Dose:** Rinse with 1 packet TID.

### Oral Mucositis Diagnosis:

✓	Code	Description (check all that apply)
	ICD-10 K12.30	Oral mucositis (ulcerative), unspecified
	ICD-10 K12.31	Oral mucositis (ulcerative), due to antineoplastic therapy
	ICD-10 K12.32	Oral mucositis (ulcerative), due to other drugs
	ICD-10 K12.33	Oral mucositis (ulcerative), due to radiation
	ICD-10 K12.39	Other Oral mucositis (ulcerative)



Refills (Select One):  1  2  3  4

## Aquoral Rx

Check to Prescribe

**Aquoral® - Dispense:** Aquoral spray (6-8 week supply). **Dose:** 2 sprays into the mouth TID or QID.

### Xerostomia Diagnosis:

✓	Code	Description (check all that apply)
	ICD-10 R68.2	Xerostomia
	ICD-10 K11.7	Disturbances of salivary secretion



Refills (Select One):  1  2  3  4

\*Co-pay assistance not valid for prescription reimbursement in whole or in part under Medicaid, Medicare, including Medicare Advantage and Part D Rx drug plans or any other federal or state programs (including state pharmaceutical assistance programs) or where prohibited, taxed or otherwise restricted.



## Midatech Direct Rx Form

*Prescription savings and free delivery to patient's home in 24 hours*

**Fax form to: 516-308-4339**

**OR**

**E-prescribe: Linden Care Pharmacy**  
**NPI# 1790960458    NABP# 3357387**

**Questions? Call 516-422-8176**



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